

No. W 28316		Due no later than Feb 28, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. BRIAN L. SAMUELS, M.D., PLLC BRIAN L SAMUELS MD 5371 EAST LISA ROAD HARRISON ID 83833		BRIAN L SAMUELS MD 5371 EAST LISA ROAD HARRISON ID 83833			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRIAN L SAMUELS MD	5371 E LISA RD	HARRISON	ID	USA	83833	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 28316		Signature: Brian Samuels				Date: 12/10/2008	
		Name (type or print): Brian Samuels				Title: Member	
Processed 12/10/2008		* Electronically provided signatures are accepted as original signatures.					